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THE SPASTICS SOCIETY

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THE SPASTICS SOCIETY



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Editor: *Eve Renshaw*

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Front Cover

The old and the new—Ponds Home for young adult spastics: the new wing (top picture), and Craig-y-Parc School for children: the original building (bottom picture).

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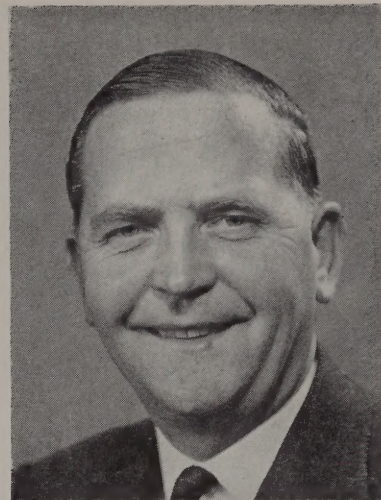
To commence with the.....Issue.



Mr. J. F. G. Emms, Vice-Chairman of Executive Committee of the N.S.S., 1957-1960, Chairman 1960-1963

AN HISTORIC MOMENT

N.S.S. AND B.C.W.S. AMALGAMATION



Dr. D. E. Wheeler former Chairman of Executive Committee, B.C.W.S. and new Chairman of the Spastics Society

AT its last E.G.M. under its old name, on February 9, 1963, the National Spastics Society passed resolutions agreeing that amalgamation with the British Council for the Welfare of Spastics was desirable, changing its name to "The Spastics Society", making two amendments to its Memorandum and adopting new Articles of Association.

In his opening speech Mr. J. F. G. Emms, Chairman of the Society, said that the wish of the N.S.S. for many years had been for one Society representing the interests of spastics, and its policy had been to create a favourable climate for those wishing to join the Society by affiliation, amalgamation, or any other means. On behalf of the N.S.S. Executive Committee, the Chairman formally proposed the resolutions which would bring about an augmented Society. In seconding the proposals Mr. A. Moira, Vice-Chairman, said that this momentous step in the history of the Society was a sign that it was willing to change and develop as it grew older to meet the changed scale of its operations. Valuable changes would enable a pool of people experienced in our work to be created. The National Society had always faced a lack of such people, especially as so many competent voluntary workers were "locked up" in the 60 Local Group projects and not available to the central committees. We all hoped that now we could shed our hard shell and grow.

During the lively discussion which followed, Mr. Dawson Shepherd declared the influx of new blood into the Society which amalgamation would bring was excellent, but the Society must continue, as its operations grew, to watch for young people coming up whose ideas and energy would enable the Executive to remain pace-maker to the national effort. He felt that the Society had become self-satisfied, and that it must double its size in the next five years. Mr. Vranck, of the Exeter Group, thought the new Consultative Council would be a good training ground from which to draw

future Executive Committee members, and the Chairman agreed: he said that demands on the Executive were now very heavy, though the professional help available to it had much increased.

In answer to questions by Mrs. Claydon (S.W. Surrey Group) and Mr. Baker (Yeovil), the Chairman and Mr. Thomlinson, the Society's solicitor, said that Groups retaining the word "National" in their titles (e.g. the Bradford and District Branch of the N.S.S.) should change their titles, but that the constitutions of Local Group Centres need not be redrafted, as the Spastics Society would legally be the same organisation as the N.S.S. and reference to the older title would not invalidate earlier documents. Answering a question by Mr. Aarons (N.W. London Group), the Chairman emphasised that members of the Executive Committee hold individual responsibility, and do not attend as representatives of their Groups, though Groups certainly might draw the attention of the elected member to their problems. Mrs. Wiggins (Oxford) asked what standard would be required of nominees, and the Chairman said that, generally speaking, the Executive stood in no need of professional skill as such, though this was always useful. It *did* want people accustomed to facing the same sort of situations and decisions as it faced itself, and/or people with just plain common sense and an ability to see a problem in the round and in relation to others. The Executive wanted to avoid the addition of any members whose contribution would be negative—people who only listened. Replying to Mrs. Ashby (Tunbridge Wells), the



The Chairman addresses members at Agriculture House. Left to right: Mr. W. A. Burn, Hon. Treasurer, Mr. P. Williams, of the Society's Auditors; Mr. A. Moira, Vice-Chairman; Mr. J. F. G. Emms; Mr. J. H. Thomlinson, the Society's Solicitor; the Director; Mr. R. A. Jupp, Hon. Secretary

Chairman said that the new Articles required a minimum of 10 parents of spastics on the Consultative Council, though there was no similar rule governing the constitution of the Executive Committee.

Answering some doubts expressed from the floor on the Consultative Council's function in screening nominations for the Executive Committee, Mr. Emms said that this matter had formed a large part of the discussions of the Working Party. In the last analysis, somebody had to examine these nominations, and it had been felt that the Consultative Council ought to be able to exercise a better selection than general members who were, by reasons of geography alone, unable to be well informed about each candidate. The Consultative Council would (a) have a more intimate knowledge of the central affairs of the Society than members could have, and (b) would have a better idea of the candidates themselves. If candidates were members of the Consultative Council, their work would be known there, and if they were not it was open to the Consultative Council, as an intimate body, to interview and make enquiries about candidates. It was, of course, as always, open to members of the Society in general meeting to review the working of the Consultative Council at a later date, and if they objected to its practice, the matter was in their own hands.

Mr. Shaughnessy thought that the Working Party had carried out its task carefully and very well. After some further discussion among members over coffee the resolutions bringing about amalgamation were carried *nem con*.

At a second meeting, immediately following the first, twelve members were elected to the Consultative Council. These members will take their place on the Council with eight members nominated by the B.C.W.S., making, with the Executive Committee members, a membership of 32. Council members elected were:

Mr. E. Aarons (N.W. London), Mr. T. P. S. Baxter (Scunthorpe); Mr. D. B. E. Belson (Bath and District); Mr. E. Burrington (Welwyn Garden City); Mr. S. F. Darke (Percy Hedley School); Mr. J. D. Herd (Cumberland, Westmorland & Furness); Mr. W. G. Jehan, M.B.E. (Preston and District); Mr. A. W. Martin (Tees-side); Mrs. L. Stockdale (Sale, Altrincham and District); Mr. J. S. Tems (Bournemouth, Poole and District); Councillor Mrs. G. I. Williams (Merthyr Tydfil and District); Mrs. D. A. Woolley (Nottingham and District).

Before the meeting closed Dr. Wheeler, the Chairman of the Working Party and therefore of the Spastics Society from this date, described the activities of the B.C.W.S. during the last year, chiefly in publications, in a survey undertaken of heavily handicapped intelligent spastic school-leavers, and in expansion of the Council's home for severely handicapped young adults at Pond's. Dr. Wheeler added that he had sat at many public meetings, but rarely at a meeting where the chairman had shown such skill, understanding and humanity, and after sustained applause, Mrs. Welch of Southampton, rose to thank the N.S.S. for its great work in the past, and to wish the Society God-speed under its new name and with its new members.

Left to right: Mr. I. D. Dawson Shepherd, former Chairman of the Society; the Earl of Westmorland a patron of the Society; Dr. D. E. Wheeler; Mr. J. E. O. Arnold, member of the new Executive Committee



PONDS HOME

A PLACE OF BUSINESS AND PLEASURE

IN January 1955 the British Council for the Welfare of Spastics founded Ponds Home for severely handicapped young adult spastics of normal intelligence. Its first Warden was Dr. C. D. S. Agazziz until Spring 1957. Eight years later the Family has 52 members, of ages between 16 and 42, from every part of the country and from abroad. The Home has its own shop and two or three business men, and it does contract-work in its workshop. With the help of the Bucks County Council whose teachers selflessly provide expert tuition, it engages in a further education programme covering cookery, maths, English at all levels, French, German, Geography, Latin, music, natural history, book-keeping, history, art, and—just beginning—science. None of these courses are compulsory, and all are enthusiastically attended. Ponds is like that. It's the most extraordinary place—warm-hearted, free and easy, independent in outlook, with a basic peace at the back of all the racket. Mrs. Brown, the Warden, showed us the old and new buildings, and we went by twisting stairs from airy summer parlours and a Gothick dining hall to pleasant modern bed-sitting rooms and studies, a library, a functional workshop, a fine physiotherapy room and occupational and speech therapy rooms. On the way we seemed constantly to be going through small comfortable common-rooms full or urgent, amiable arguments, stopping by some private niche to turn over a page in someone's book, happening on Brian loading his motorised chair-van with soap cartons to sell down in the village, skirting a great glass pile of scientific tubes at which Mrs. Brown looked with wary pride, and above all meeting people who were busy—civil, you know, but preoccupied with some necessary ploy. There was Linton, typing an essay in the library with the aid of a



Derrick checks on the health of one of his hens who supply eggs for the village as well as the Home



The Family Council urge Mrs. Brown, the Warden, to increase the number of rooms where smoking is permitted (Chairman: David Harris)

bandaged gadget on his forehead—a sleek Mark II model, in Perspex, was being run up for him in the O.T. room when we got there. Shirley and Maureen were making turkey boxes in the workshop—12 minutes a box is all it took Maureen, explaining the complicated sections as she went. Brian loaded them into tall stacks with his feet. A nest of cooks in dairy white were making mince pies and jam tarts. The shop was open, selling cigarettes and chocolate to a large queue. We took a picture of Gillian in her room, and shied politely back from another which said briefly on the door “Please don’t clean this room. Teresa does it herself”. Mr. Bundock went a-missing and was found happily photographing a Family Council—a body of nine young people elected annually by open ballot, which meets once a month, controls the Family’s budget, and advises Mrs. Brown. He was hauled away to take photographs of pretty girls (see our back cover: her name’s Pat), of Pauline’s typing lesson, instructed by Mr. Doherty, of Sylvia at the loom and of Michael making hairbrushes on contract.

Close Contact with Neighbours

Thanks largely to the Friends of Ponds, a group of local people who, besides raising considerable sums of money for the home, provide practical personal connections with the larger society, there is a pleasant coming and going between

the Family and the surrounding country. Friends of Ponds “adopt” some members of the Family, and see to clothes and holidays. The Windsor Group, for instance, has adopted two of the boys. While we were there Mrs. Hambly, Vice-Chairman of the House Committee, called in to give mathematics lessons, and we met her carrying home a dozen eggs she’d bought from Derrick Ireland, who manages the poultry farm and is Treasurer of the Family Council.

Leisure Activities

Life is full, pleasant and purposeful for the family. Besides the duties and classes which each undertakes, there are Rovers and Rangers, a film society and a model railway club. Every Monday evening the politicians discuss current affairs, and on Tuesdays there is a programme of classical music. Money for equipment, films and leisure activities, is raised by the Family Council, which receives one-third of the profits of the shop, and of any other money earned by a member, and also donations earmarked for the “Family”.

Like all our centres, Ponds has an atmosphere and a spirit peculiarly its own. With Coombe Farm, it favours the up and at ’em style of living, and it brings to its every new venture a sinewy strength of mind and a kind of cheerful arrogance in the face of problems, which is endearing and uncommonly successful.



The Shop at Ponds, run by Keith Griffin, opens three times a week for an hour and is much appreciated by residents, who buy cigarettes, chocolate and toilet articles there. Sylvia is in charge of the store cupboard



Above: Bryan returns from a day's trading along snowy roads to the village, where he sells soap powders to the householders



Above: Mr. Doherty gives Pauline a lesson in typing. A block secured in front of the machine gives Pauline support for her elbow.

Right: Experienced cooks, Lorna and Jennifer, who have been taking Further Education classes with Mrs. Bliss for 3 years



Below: 200 turkey boxes each week (8,000 staples). Brian stacks the finished articles for collection with his feet



Below: Gillian's pleasant bed-sitting room has yellow birds on its blue curtains, a door into pleasant grounds a comfortable heater, a dressing table with a mirror, and plenty of room for her plants and radio and personal things. The walls are demountable so that rooms can be made larger or smaller





CRAIG-Y-PARC SCHOOL 1955-1963

THE Craig-y-Parc School for Spastics was opened on May 11, 1955, at Penttyrch, a pleasant village seven miles north of Cardiff.

The Headmistress and a few houseparents arrived on April 1 to find that the mansion, which was a costly one originally owned by a coal magnate, had as yet not been converted, although the school was pledged to open in May.

Hectic weeks of fast building followed, with workmen often continuing until 7 p.m. or 8 p.m. in the lengthening daylight of an early spring.

On May 11 the school was equipped and ready to admit its first selection of pupils, drawn from all over the country, and the staff felt proud to have helped with the creation of such an urgently needed project; the only school of its type in Wales at that time.

The years to follow were to prove rewarding indeed.

Most children admitted in 1955 had never had an opportunity of attending any type of school before, and their progress amazed and delighted us.

The warmth and generosity shown by the local people towards the school, made manifest at every turn in the donations and equipment so willingly proffered from a multitude of sources, made it possible to provide fully for the unfolding needs of the 50 pupils present.

A proportion of the children are fortunate to obtain transfer to the Thomas Delarue Secondary School each year, and the future of those remaining is carefully followed through the Social Workers' and Employment Departments of the National Spastics Society.

A unit for partially sighted children is the latest experiment and promises well.

The progressive attitude of the Headquarters Committees has brought us several purpose-designed buildings to meet developments of the past seven years, including new classrooms, a domestic science room, and a well-equipped classroom for the youngest children. These, together with generous staffing ratios, have given the school every encouragement, resulting in Recognition by the Ministry of Education in 1959.

MRS. C. M. KEARSLAKE,
Headmistress.

Ingfield Manor

A double-white chestnut tree, already 20 feet tall, has been given to Ingfield Manor by "B" Squadron of the 17/21st Lancers, in memory of John Carter from Billingshurst, who lost his life in the Persian Gulf last year. Mrs. Carter has very kindly made the school a gift of a wooden seat to encircle the base of the tree, which was brought over and planted free of charge by Landscape Trees of Camberley Ltd.

Wilfred Pickles School



ABOUT a year ago the "Grangers" Youth Club was formed by a small group of older pupils at the Wilfred Pickles School. We got together to see what we could do for ourselves in the way of activities instead of having everything "laid on" for us.

We thought it was time to accept responsibility and to start making some decisions for ourselves. A committee of six was elected and, together with a club leader, we discussed how we would run our club, and now we meet regularly to plan our activities and programme. We are quite independent, deciding what equipment we need, financing our purchases and other expenses from our subscriptions.

If you were to visit us one Friday evening you would find us engrossed in chess, draughts, cards, keyword, monopoly, table tennis and similar games. On entering another room you would find members listening to records and you might be persuaded to join in the dancing. Occasionally we all get together and have charades, panel games or colour slides. Just recently we had a film show. During the summer term we played outdoor games and enjoyed riding. This term an extra activity has been skittles and some of the boys have been learning to play billiards. Every month the members have been voting for a gramophone record to add to our collection and the most popular one has been bought.

The Committee decided the Club should have a name and now the members proudly wear badges showing that they are the "Grangers". We held a chess and draughts tournament and our own end of term dance. A regional archery coach is preparing to help us start archery and we are saving hard to buy the equipment.

Now we are hoping to apply for membership to the Rutland Council of Youth so that we shall link up with all other clubs, Guides, Scouts, Cadets and other youth organisations of the county.

N. Skeavington.

Daresbury Hall

Mr. Bellman writes at the end of January residents sent out individual invitation cards to a party, to people in the district whom they had come to know during the past three years. Entertainers were the "Rondeks" guitarists, the Froggatt Brothers Skiffle Group and Mrs. Booth of Daresbury Village who put on a Punch and Judy show by special request.

Prested Hall

The Colchester Spastics Group have made the magnificent gift of a Dormobile to Prested Hall, to be used for trips to the sea and for general purposes.

LOUGHBOROUGH & DISTRICT SPASTIC SOCIETY

This new Group was formed on November 1, 1962, and became affiliated to the N.S.S. on January 27, 1963.

It will be responsible for Loughborough and the north-eastern part of Leicestershire—in fact that part of the County north of a line along parish boundaries from Breedon-on-the-Hill, through Belton, Thringstone, Copt Oak, Swithland, Rothley, Cossington, and Seagrave to Six Hills.

Its officers are:—

Chairman:

P. J. Grover, Esq., 229 Nanpantan Road,
Loughborough.

Vice-Chairman:

A. H. Pashley, Esq., Hill Top, Beacon Road,
Loughborough.

Hon. Secretary:

Mrs. M. A. Taylor, "Garltons", 91 Farndale
Drive, Loughborough.

Hon. Treasurer:

T. Higgins, Esq., J.P., The Warren, Pytchley
Drive, Loughborough.

The Group has already succeeded in discovering fourteen spastics who were hitherto unknown to the Society.

A. M. FRANK,
Chief Regional Officer.

EASTBOURNE

A sub-committee of the East Sussex Group was formed last October in Eastbourne. It is called the "Eastbourne Division" of the East Sussex Group and its officers are:—

Chairman:

Mr. R. Pinker, Link Cottage, Gandick Road,
Eastbourne.

Vice-Chairman:

Mr. K. Fowler, 78 Victoria Drive, Eastbourne.

Hon. Secretary:

Mr. W. Collingham, 29 Vine Square, Eastbourne.

Hon. Treasurer:

Mr. Rex Leslie, Flat 2, 55 Gildredge Road,
Eastbourne.

Press Officer:

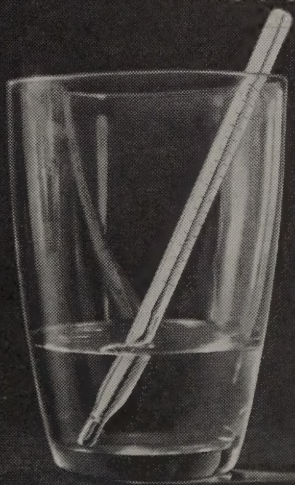
Mr. C. Baulcombe, Bedford Hotel, 9 Cavendish
Place, Eastbourne.

At present the Division is confining its work to Eastbourne but, once it has found its feet there, it hopes to extend its activities to the out-lying districts such as Polegate and Pevensey (the East Sussex Group has already a sub-committee working in the Hailsham area).

The Chief Constable of Eastbourne has been kind enough to allow the committee of the Eastbourne Division to use a room at the Eastbourne Police Station for its meetings.

minor ailments of today

feverishness



When your body is fighting germs, its temperature regulating mechanism is disturbed and your temperature rises. We say, inaccurately and sorrowfully, that we 'have a temperature'—when what we mean is that our temperature is above normal.

Now some people believe that a raised temperature helps your body to fight infection, and this may be true. But it is also true that 'a temperature' is very uncomfortable, and that you undoubtedly feel a lot better if you take something to bring your temperature down. Feeling better has a lot to do with getting better—and that is why most doctors prescribe acetyl salicylic acid for high temperature, and why most of us take 'ASPRO' when we feel a bit feverish.

Incidentally, 'ASPRO' brings your temperature back to normal and no lower.

Next time you feel feverish, don't forget 'ASPRO'. You will not only be taking one of the best and safest antipyretics or fever reducers, but also sparing the Doctor's time for those with more serious complaints. If your fever persists then is the time to consult your Doctor.



In the following six pages, Derek Lancaster-Gaye, Local Projects Secretary, examines some of the problems which face Groups who are planning Centres today.

THE PROBLEM AND THE FORMULA

THE constant search for a formula and a problem to which to apply it—the formula as a cure for all problems—is an understandable outward symptom of an age when everything has some simple scientific explanation. The common cold, the industrial strike, the design for a way of living present society with problems each with a right and a wrong approach. There is, unfortunately, no set formula capable of application to a mechanism so intricate as habit and our way of life. The difficulty is always to recognise the problem and to know precisely what formula to apply.

And the development of a local centre falls squarely into this category. Why do we develop a centre at all? Is it to justify the fund raising efforts of past years or is it to meet some known demand in the area? Just how great a part does the centre as a status symbol in the development of a local society play in the concentration of effort and energy by a group of people bent upon making local provision for their spastic charges? How difficult it is to distinguish between the desire to have a centre at all costs and the need to make local provision? And I wonder how many of us are tempted to support the arguments for a local centre knowing that the services it would provide might well be provided by the local hospital. "Of course, they can't do it as well as we can" is a point of view quickly made and quickly believed, but one not necessarily true. From hospital authorities in many parts of the country now comes information of major developments in their Ten-Year Plan; the provision of special units to cope with the needs of the treatment of cerebral palsy, especially in areas where the problem is greatest, is likely to be undertaken on a comprehensive scale. That hitherto the ideal conditions in treatment have not been reached is due not to a lack of know-how but to the limits imposed on lack of accommodation and lack of staff.

Co-operation with Local Authority Plans

Justifying the need for a local centre is seldom an easy matter; the major factor which must surely colour the whole problem is the extent of the demand for a particular service, a demand which cannot or will not be met by the appropriate local authorities. With local and hospital authorities embarking on a continuing ten-years plan it would clearly be folly to launch any major local development without first establishing that there would be no duplication of function at a later date.

But does the fact that a local authority intends as part of its development programme to provide certain facilities capable of application to spastics in five years time justify the local provision by a spastic society on the argument that unless they do so their spastics will have a further five years to wait? There is not, of course, any single answer to this

problem. To branch out alone without the local authority's blessing is seldom a wise or indeed a desirable move, and few authorities are likely to give support to any major development which they themselves intend to provide in a few years time.

There is too the argument that a service provided by the local authority is impersonal and often limited to the technical problems presented. Treatment at a hospital implies what it says—treatment without trimmings. And it is often the trimmings that matter. A treatment centre operated by a local group is able to provide these trimmings; the child attending for treatment spends the day at the centre and the whole exercise is very much more domestic and individual, both parent and child deriving the maximum amount of benefit. In assessing whether or not a local treatment centre can be justified in relation to the local hospital's ability to make some "treatment" provision it is points such as these that will in the long run be the determining factors.

Economic Size for Centre

Despite the need for a service there is a lower limit in terms of the number of spastics who would benefit, below which it becomes both impracticable and uneconomic to set up a local centre. Just where that point is situated is not always very easy to establish. Generally speaking centres serving fewer than ten people, especially if these are not attending on a full-time basis, are liable to fall into this category. But as the recurring costs are perhaps of more practical importance than the initial capital cost, a group with a larger income could probably afford to run a centre on an uneconomic basis—whether or not it would be right to do so is quite another matter. For the larger centre, particularly in the case of work centres or of residential centres, where in each case the building would have a large proportion of its space devoted to common rooms such as kitchen, dining, day and treatment rooms, there is a large differential between the cost per person for a unit of 10 and one of 20 persons.

For the work centre the ideal seems to be a unit to serve approximately 25 people on a full-time basis. But an accurate assessment of numbers is a difficult exercise and one which will demand much patience and energy on the part of would-be developers. For it is largely on the accuracy of such an assessment that the future success of the centre will depend.

There is, alas, no single source from which this information can be obtained nor is there any short cut. There are the obvious sources of both the local group and N.S.S. lists for an area and these should be supplemented from the usual local authority departments appropriate to the service to be made available. What is of far greater importance, however, is not the number of spastics who appear to be in a category

suitable for the centre but those who are known to be both able, suitable and willing to attend. Inevitably this means a personal visit to each and every one on the list, preferably carried out by the same person to ensure a comparable assessment. Only in the light of such a visit can the figures be considered to be a guide to the probable complement of the new centre, and even then allowances will have to be made for additions and deletions to the complement during and after the planning process, which in some cases may take several years. At all costs the centre when complete must bear some relation to the services it set out to provide originally.

Adaptable Buildings

But changes in the demand, due possibly to unforeseen local services appearing sooner than expected or to the change in the age group of the spastics since the centre was first planned, may well mean that the centre will have to cope with an entirely new slant on the problem. Adults instead of children; work instead of therapy; 20 instead of 15—the good centre will be able to meet these changed

demands but only by careful planning enabling structural alterations or changes in use to be carried out with the minimum of cost or upheaval. With building costs maintaining a steady upward spiral it is understandable that structural flexibility is a very desirable feature in a local centre and there is much to be said for one of the better quality prefabricated buildings, capable of alteration or perhaps removal from one site to another should occasion demand. The initial selection of the site is also an important factor in subsequent expansion—unfortunately it is not always possible to choose; there may be no alternative. And it is for this reason that the introduction of uniformity and standard patterns becomes something of a problem.

Justifying the need for a centre implies recognition of the many problems, some of them quite remote, associated with the apparent need for the provision of a special service. Herein lies the foundation of future success and there is no simple formula. It is to the results often of months of enquiry that we may apply a limited formula and from that application will stem the centre of which we shall be justly proud.

A NEW WORK CENTRE FOR NORTH SURREY

PLANs are now nearing completion for the development of a new work centre to serve the North Surrey Group's area and the building will be centred on Kingston-on-Thames. The Kingston work centre activities will be well known to many especially to those who associate with the centre the "cigarette packet calendars" which form the bread and butter work undertaken there.

The cigarette packet activities have been threatened twice by the closure of the Group's premises. For some years the centre has operated in a shop near the middle of Kingston. Now the premises are scheduled for demolition to make way for new developments and the Group have been moved to temporary quarters, perhaps less suitable in nature but no less colourful, as they were last used as a public house. By arrangement with the local council the Group are to be permitted to remain in their "pub" surroundings until such time as work on the new centre has been completed. As might well be expected, Group morale during this period of uncertainty was not high. Working conditions in the "shop" were very inadequate and the space available was not nearly sufficient to provide for the other workers in the area who wished to attend. To add to the Group's problems, funds became steadily lower. However, in view of the very great need for work centre facilities in the area the National Society agreed to support a new centre to which the Group could transfer. In little more than nine months the outlook in Kingston changed to one of great enthusiasm and feverish activity to sponsor local support for the new development.

For the Kingston Group the fight for a new centre has not been an easy one; to any group operating a work centre the constant search for funds to keep the project going can give little hope of building up sufficient capital for the subsequent improvement of centre premises, let alone to meet the cost of an entirely new unit. Nor is it realistic to regard the operation of a work centre as an activity which is self-supporting; if it is there must be some doubt about the extent of the service being provided. The important factor so far

as Kingston were concerned was that they had succeeded, and succeeded very well, in running a work centre and there could be no doubt about their ability to operate the new unit on similar lines. In further support of their need was the evidence that very many more workers required places in the new centre and it was hoped to be able to increase the capacity to as many as 25 in the first instance with the possibility of still more to come in the future.

It was with this background that an approach was made to the National Spastics Society for capital support—which has now been promised during the coming financial year.

Finding a Site

To prospective developers in Surrey probably the biggest single problem likely to be encountered is the location of a suitable plot of land at a price that is reasonable. Such a site has been found and surprisingly enough this is situated in the middle of Kingston, comprising at the present time a pair of hard tennis courts. Planning approval has been given to the development, and it is unlikely that any further difficulties will now arise to delay the start of building.

The prefabricated building is an appropriate medium to use in the case of work centres. It provides the light, airy and bright atmosphere so essential in work rooms whilst the relatively larger size of rooms required in a centre of this type helps to keep the capital costs down. In Kingston it has been decided to erect a "Middlesex" type building which will cost in the region of 73s. per square foot inclusive of heating, foundations, site works and all other capital building costs. With the advantage of a flat and even site, site work will be kept to a minimum and there seems to be no reason why the building should not be completed by the early summer. When it is ready the Kingston centre will be one of the first prefabricated work centres to be developed by the Society and will have provided an interesting exercise in a type of development which seems certain to become very much more general during the next few years.

FUTURE PROJECTS FOR RURAL AREAS?

DURING the past few years it has become increasingly evident that in the more sparsely populated country districts residential accommodation is the only answer. To site a day centre in one part of the county would deny to persons in other remote parts of the county the use of the centre—by virtue of situation or limited public transport there are always those who are beyond the fringe of daily travel to and from the centre. One would expect to find more spastic persons in the areas of denser population such as London, Birmingham and Manchester and this is certainly the position. However the converse is not necessarily true and it is not unusual to find rather more spastics in some of the more remote parts of the country than would have been expected.

Understandably in those areas the demands will be far greater. Country areas imply fewer facilities—after all the local authorities are faced with precisely the same problems in deciding whether numbers can justify the creation of a centre—and without residential accommodation there may not be sufficient persons able to attend a centre on a day basis. On the assumption that local authorities and hospitals do not meet the demand there are two alternatives available to ensure that those in need receive adequate provision. The first is to set up a series of day centres in different parts of the country—this surely is an unnecessary duplication of effort and expense and quite impractical and uneconomic. The second is the provision of a residential centre which represents the joint venture of those societies and groups associated with the problem in the area in question.

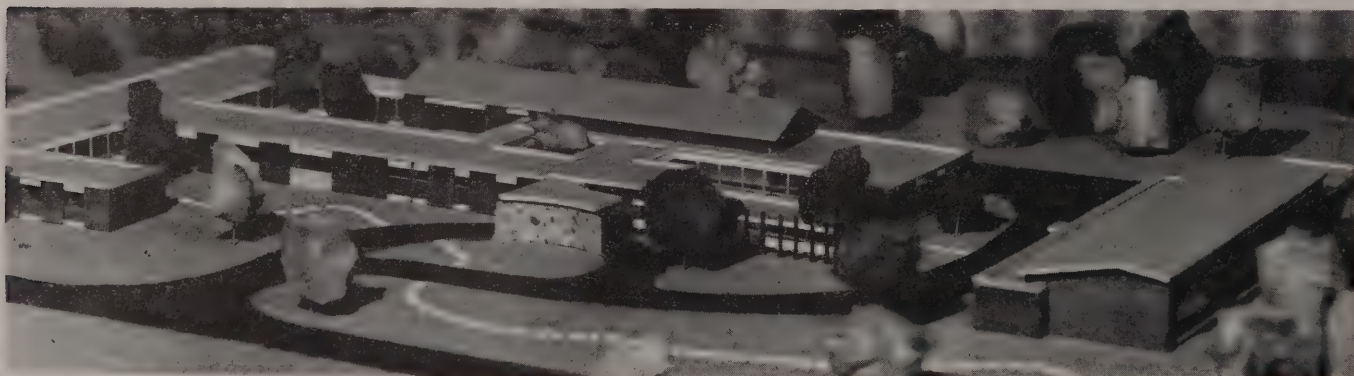
One of the major contributions local groups will be able to make in the future will be the provision of work centre facilities for those persons who are unable to find open employment or who are unsuitable for employment in a sheltered workshop, a facility which in fact provides parents with a rest and the worker with self-respect and a useful occupation. There is evidence of such a problem and a need in Lincolnshire and in Norfolk. In each case the solution seems to lie in the provision of a residential work centre to serve the entire county area.

For Lincolnshire the problem became self-evident some time ago and during the past few months intensive and ex-

tensive activity has resulted in the combination of six groups, two of which were formed specifically for this purpose, to raise the necessary funds to meet the capital cost and subsequently the maintenance costs of their new centre. The project, known as the Lincolnshire Project, is intended to provide work centre facilities for up to 30 workers in the for instance, at least half of whom would be resident in the centre for five days each week. At the week-end they would return home in all cases where this is possible. The situation of the centre, now known to be in Scunthorpe, was largely determined by the area in which the largest number of workers reside thus allowing for a maximum daily attendance and making the most of the residential accommodation available.

The choice of a site is never an easy one; in this case the decision rested on a matter of numbers—numbers which may well have changed significantly in a few years time. Supplementary considerations were the location of local industry which would be likely to offer scope to a spastic work centre by way of sub-contracts, a community large enough to take a local interest and pride in such a centre and indeed to make adequate financial provision on a voluntary basis and the availability of a site. In the case of Scunthorpe it seems each of these considerations applied. An excellent site is in the process of being given to the society—a site in the green belt area of Scunthorpe adjacent to playing fields and in an attractively wooded setting. The availability of local industrial sub-contracts is largely a matter of assumption, reasoning and good faith at this stage. There is no reason to suppose that Scunthorpe and other parts of the county area will not provide the outlets necessary to keep the centre in operation.

The planning process is seldom a simple one and the costs of a scheme as adventurous and extensive as this one seldom low. With a building on single storey of over 13,000 square feet the cost of the Lincolnshire Project would be considerable; an intensive fund raising campaign to provide the capital is already under way and preliminary estimates already indicate a total capital cost of at least £80,000. Whether the Lincolnshire Group and the Spastics Society will be able to provide so large a sum remains to be seen. The centre would be built in two quite separate sections. The adminis-



trative and residential block would accommodate all except the actual work unit and would include a small day and treatment unit for local children who could attend the centre on a day care basis. For purposes of convenience the work centre is separate and this sense of being separate has been emphasised by the architect quite deliberately with the object of simulating the act of "going to work."

The act of "going to work" is probably an important part of the factors contributing to the right mental discipline so essential not only to the worker but also the centre. It is just part of the process of being normal. It is for this reason that the front entrance of the work centre has been sited furthest away from the residential unit, giving the worker further to walk and more obstacles to cross than would otherwise have been necessary.

Experience tells us that once a centre is in operation there is a tendency for applications for admission to increase; parents tend to hold back until the venture has been proved a success. It seems likely therefore that in Lincolnshire the total of 30 workers may well be exceeded in the future; to allow for this contingency the building would be so planned that a major work-shop extension could be added on at a later date if and when funds and the demand make this possible.

The Lincolnshire Project is novel because it would be the first residential work centre developed on a local basis; it is novel too because it would represent the combined efforts of six groups none of whom could have fully justified even a smaller centre in their own area as a purely local service. Approaches to the various local authorities concerned give reason to suppose that there will be a high degree of co-operation be-

tween the authorities and the centre. It would also be one of the most expensive local centres to run, costing probably in the region of £15,000 per annum. It is because it is so expensive to build and to maintain that exhaustive enquiries will have to be made to justify the provision of the centre and to assure the future income necessary to keep it in operation. The Central Committee set up by the six groups and the Management Committee for the new centre have a considerable task in front of them and it is to be hoped that they will be as successful in this task as they have been in evolving such an exciting scheme.

From Norfolk comes a very similar proposal. For precisely the same considerations it has been decided to set up a work-centre to serve the county and Norwich has been selected as the logical centre. Unlike Lincolnshire, however, only one group is concerned. The three local authorities in the area have expressed their agreement in principle with the scheme and subject to the successful outcome of local fund raising activities the Norfolk centre may well compete with Lincolnshire to be the first centre of its type in operation. A site adjacent to the West Norwich Hospital has been offered to the group and if this is accepted it would be the intention to build the work centre there and to site the hostel to serve the centre in another part of the town possibly by purchasing and converting existing premises for this purpose. As with Lincolnshire, the proposals are still at an early stage with much investigation and enquiry still to be carried out. They both provide excellent examples of the type of problem facing the country district; it seems probable that they will be the first of a line of centres of this type devoted principally to the provision of work facilities.



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White Lodge, Chertsey

AN interesting new centre was opened recently in Chertsey to provide day care facilities for children in the West Surrey, North East Hants and South East Middlesex areas. The White Lodge centre is of particular interest because the unit is the result of a combined effort of three local groups* whose children had previously attended a small centre in Worplesden on a part-time basis. Because of the very limited facilities available, shortage of space and the need for a full-time service, it was decided that a very much larger centre capable of providing a wider range of services should be built. White Lodge was the result of this decision.

In view of the size of the project—the total capital cost was in the region of £37,000—it was felt necessary to appoint a special Management Committee, representative of each of the groups concerned whose task it would be to run the centre. The Management Committee through its trustees is to be a separate legal entity with each of the groups contributing towards the annual running costs. In this way a very much larger centre has been justified and a very much larger spastic population is being served.

Local interest in the project has been encouraging and the volume of local support has been good. In view of the fact that one of the principal services provided in the unit is treatment, it is fitting that the centre could be built on a site adjacent to one of the large hospitals in the area. The site, previously belonging to the local hospital, was purchased from the Minister of Health. Standing in an attractively wooded area on the main Chertsey-Woking road, the centre has the advantages of a rural setting and accessibility. The close connection with the local hospital authority is important in view of the emphasis placed on treatment and it is gratifying to know that this authority has shown great interest in the new centre.

The present centre is designed to provide treatment and day centre facilities for a wide range of children unable to attend school. In the future it is hoped that the centre will accommodate up to 40 children. Treatment includes physio-speech-, occupational and hydro-therapy, the latter being provided in a special, excavated pool funded by "Mr. Pastry". The pool, understandably, has become the centre's showpiece and well justifies the publicity given to it.

Two large classrooms and the usual range of services complete the impressive schedule of accommodation available. The visitor is immediately struck by the spacious premises, an impression no doubt encouraged by the very wide corridors and large areas of glass. These corridors provide excellent storage space for large toys and a perfect "race track" for the more ambulant children seated at the wheels of their locally donated toy cars.

From the outside, the building is both unusual and inviting. A single storey brick building with a very low pitched roof clad in heavy tiles, it provides a happy combination of traditional materials and modern styling. Even the tall boiler house chimney stack has been skilfully blended into the general appearance of both dignity and utility.

But the present building forms only part of a three-stage development. There is evidence of a need for provision of work and occupation facilities for those over school age and it is hoped that when funds permit a work centre wing will be added as Stage 2 of the development. The present building has been so designed to allow the addition of another classroom unit at some unspecified future date as the final stage in this multi-purpose spastic centre.

To run even one stage of the centre is an expensive business. Standards have to be set and maintained. For this reason a full-time, paid and qualified staff has been appointed under the general supervision of a matron with many years' experience as a children's ward sister at the Westminster Hospital. And this high standard has been continued throughout. One cannot but be impressed by the enthusiasm of the staff and the remarkably happy and efficient atmosphere.

We shall all wish those responsible for this successful development the continued support and success they have achieved. But for the three groups associated with the centre the years to come mean not only a continuing effort to keep the centre going, but also of greater effort to make possible the future developments intended to provide a comprehensive service for the spastic population of the area.

* North Hants and West Surrey Group. South West Surrey Group. North West Surrey Group.



Part Exchange at Oxford

THE choice of building for a new centre is dictated largely by local factors and requirements. Oxford, for instance, provides an excellent example of when it is better to choose a prefabricated building, rather than one of the more traditional type.

The present centre, which is a day-care unit, is housed in a collection of nissen huts in the grounds of the Churchill Hospital, Oxford. As there is a possibility that the hospital may be moved at a later date, the first consideration was to choose a building which could be easily dismantled with the minimum of loss.

Speed of erection is another advantage in a prefabricated building. To the Oxford Group this is vital, for the new centre is to be built on the site of the old and during rebuilding operations, the Group will have no centre from which to function. They hope to find temporary accommodation, but there is no guarantee they will do so. Consequently, their activities as a Group may be halted temporarily while building is in progress.

Once the work has begun, it should not take longer than eight weeks. Not only does this compare favourably with the time needed to put up a more conventional type of structure, but the speed of erection and the correspondingly smaller labour force needed makes the prefabricated building very much cheaper.

The total cost of the building excluding equipment and other incidental capital costs will be just under £10,000.

It will be of timber so as to blend harmoniously with the adjacent buildings which are in fact, new ward blocks built recently in a cedar-faced Vic Hallam construction.

It will be put up on a concrete base and will cover some 3,800 square feet. It is so designed that traffic will be reduced



to a minimum as will the distances to be covered by children and staff.

In shape it forms an L with a main day room at each end. The service rooms lie between and are situated on the outside, while those for treatment are on the inside.

The floors are to be covered in lino tiles throughout except for the physiotherapy room which will be covered in cork tiles with a beeswax finish. As a central heating system did not seem to be justified in the circumstances, the centre will be heated principally by unit electric convector heaters with wall mounted fittings.

Knowing all the drawbacks of the present centre, it is surprising how much has been done by the Group and how effective is the service they provide. The nissen hut in which the centre is operated at present has all the disadvantages of this type of structure. A hothouse in summer and cold and damp in winter, there is no doubt that the conditions under which the Oxford Group have striven to provide a regular service have been inconvenient and limiting.

Despite the structural difficulties, however, the day-centre which caters for two categories of handicap in small children has met a real need in the area. The limitations of the centre, demand for more accommodation and the need to incorporate additional facilities have made a new centre essential.

For the Oxfordshire and District Spastics Society therefore, 1963 means a new beginning and a better and more satisfactory return for their efforts.



A MATTER OF MANAGEMENT

TRENDS in the future development of local centres suggest that the centre will be on a larger scale than many of the units now in existence. This is particularly true of the work centre and it is in this field that local groups will have a role to play. For commercial and purely economic reasons a work centre should ideally provide for up to 25 workers—geared to meet the demands of local industry and to compete with alternative outlets for sub-contract work. The centre will inevitably become highly organised, expensive to run, requiring effective management. And this management is best provided by a separate committee concerned with this problem.

To give of its best such a committee should be composed of persons who have each some contribution to make to the committee's work, whether that contribution is in the form of technical knowledge, professional ability, commercial contacts or membership of one of the local authorities or organisations which will be concerned intimately with the future work of the centre. There is an understandable reluctance on the part of a local society to part with the more practical aspect of managing the centre once it is built. But can a Group which has so successfully raised the money required equally successfully manage the centre on a business footing, continuing at the same time to arise funds to keep the centre in operation? Bringing in the right people with the right experience to supplement group interests is a perfectly natural step.

To be successful of course, the management committee should not be an unwieldy body and ten or twelve members is regarded as quite sufficient. Of this number, two or three would be direct representatives of the Group's executive committee and would normally include the chairman and another officer of the committee together with a parent, leaving about nine or ten persons to be found from outside the Group.

The moment of the formation of the management committee is an important point; to gain the maximum interest and impact it is probably best for the process of formation to begin as soon as the Group's ideas on the new centre have been translated into a definite plan of development. In this way the committee will have a distinct part to play in the planning stage, particularly with regard to the administrative and staffing aspects of the problem.

There is no set formula for the creation of a management committee; different methods have been adopted with varying degrees of success. To be completely free of bias it is perhaps best to allow the outside persons to "appoint" themselves to some extent. A group of people might be invited to an informal discussion over drinks in the local hotel. The group could include several people in each professional, business or technical category. The chances are that of each group there may well be only one person who could or would serve in such a capacity; having had the purpose and mechanism of the management committee explained to them each category can be expected to provide its own "nomina-

tion". The system is not infallible but has the advantage of being democratic and quick.

The relation of the management committee to the executive committee is a matter which seems to have caused some uncertainty in the minds of Groups. Basically the management committee is charged with the task of managing the centre on behalf of the Group committee in whom, or in whose behalf, the ownership of the centre shall vest. Whilst it will be necessary for the management committee to have as much freedom of movement and decision as possible if it is to attract and keep as members people of the right quality, such decisions about the nature of the centre and its use must be contained within clearly defined limits. And these limits are drawn up by the Group when the committee is being appointed and subsequently incorporated in terms of reference. There should be no need for very confined terms of reference; the group representation on the management committee should be sufficient to see fair play. But at the same time it is well worth a little care in the preparation of the terms of reference not only with regard to the function of the management committee and what it may do, but also with regard to what shall happen in the event of a breach of any of the terms of reference or of a major disagreement between the two bodies.

Generally speaking the appointment of a management committee to look after the day-to-day management of a centre is a departure from the usual practice in the Local Groups field. It is a departure which during the year or two of its life so far has been very successful and it is a departure which the National Spastics Society is keen to encourage wherever there seems to be a useful role for such a committee to play.



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Young people on an Assessment Course at St. Leonards-on-Sea enjoy a visit to Hawkins Ltd., a nearby factory, and here they are shown the assembly of automatic alarm clock/tea brewers. Left to right: Joseph Molloy (Chertsey), Michael Bagshaw (North Cheam), Paul Phillips (Croydon), Veronica Evanson (Birmingham), Barbara Thorpe (Manchester), with Mr. Allman, Assistant Employment Officer

Books for Backward Readers

A BIBLIOGRAPHY of reading suitable for Backward Readers has just been published for the Institute of Education, University of Bristol, by the University of London Press Ltd., price 8s. 6d. This is a reference book which should prove useful to teachers seeking material for reading for backward children.

The "Second Survey of Books for Backward Readers" is designed to augment the Survey published in 1955, by including books published since that date and by enlarging its scope to include books for the general teaching of English and other main subjects of the school curriculum, with the exception of mathematics.

Under the chairmanship of Mr. T. W. Pascoe, tutor on the N.A.M.H. Course at Birmingham, a committee of long-experienced teachers of backward children from primary, secondary or special schools, co-ordinated the efforts of a panel of reviewers. Selected from teachers having at least five years' relevant experience, this panel included 64 teachers of backward children, 17 head teachers, 6 heads of L.E.A. city or county remedial education services, and four training college lecturers.

The terms of reference of the committee were the same as for the original survey, namely, to review books that were suitable for children who:—

1. are between the ages of 8 and 16 years;
2. are backward in reading by more than two years;
3. have attained a reading age of not more than 9 years.

The result of the survey is 147 reviews of books or series printed by 42 publishers. The points considered in the detailed reviews include covers, reading age, interest and appeal, illustrations, type, method, vocabulary and style and contents. Each review includes a considered appraisal of merits and demerits. Books found suitable for use with post-school backward readers have been indicated. The English section covers reading schemes, graded series, supplementary books, courses, dictionaries, poetry and drama. Other subjects include craft, geography, history, religious education, general science, nature study, and social studies.

J. LE PREVOST.

OUTDOOR CAMPS FOR SPASTICS

Mr. Eric Fussey, the writer of this article, is a member of the Boy Scouts Association, has run mixed camps for handicapped young people for 3 years at Woodlarks Camp, in Surrey, and belongs to a group with a long record in this service.

MOST people think that getting helpers for camps for the handicapped is the most difficult part of the whole affair. This is not so: organisers will find that offers to come along and help will come piling in from those highly trained exponents of camping, the members of the Scout and Guide movements (Rovers, Rangers, etc.), members of the Church youth groups, the Salvation Army Scouters and members of the teaching and nursing professions, just to name a few.

One helper to one handicapped camper is, in my opinion, an essential in a successful camp, bringing both people a chance to become good friends, not only during the camp but afterwards too, and making this kind of holiday available to quite heavily handicapped young people. A bed case brought from hospital to camp by ambulance was able to be taken everywhere and join in the activities by the use of a spinal chair. A group of handicapped boys played a fast game of hand football by lying full length on the grass and moving by rolling over in the desired direction and hitting the football with their hands.

A local group can run their own camp providing that they start early enough. First decide what you want to do and how many helpers you can get. Decide, with medical advice, just which of your handicapped will benefit from a stay in camp. Make a list of your handicapped and helpers and decide where you are to hold your camp. Do not travel too far afield so that should things go wrong (and they do in the best camps too) you can soon get home. Write to the local

Health Officer in the district in which you wish to camp and see if he can fix you up with suitable premises which might be vacant during the summer. He knows all about the good camp sites in his area and his advice will be valuable to you. Go and have a look at the site and note water and toilet facilities and how far away are the shops and transport to the nearest town. Fix up with a local doctor too.

Tentage can be hired, as well as Elsan toilets, and all delivered to the site. The most important thing is your helpers; have they camped before or are they willing to learn and have they worked with your handicapped. Gather a well trained helper team and your camp will move smoothly. If they have not camped before try fixing them up for a week-end camp on their own and put the tents up and down a few times and cook some egg and bacon over an open fire and before you know it they will make expert campers. It's the spirit and willingness to try that makes good campers. If you decide to use calor gas then you have no problem.

Good weather, of course, comes high on the list but while one hopes for the best we must also "Be Prepared" for the not so good weather too. So it is important to choose a good camp site with permanent buildings which could be used if the weather became too bad for sleeping in tents. Large ridge tents with flysheets and laced doorways at both ends are the most suitable, and camp beds (Safari type) provide sleeping comfort. Bedding can be a large sleeping bag with tape or zip fastening or blankets. It is important to remember that a folded blanket under the sleeper gives warmth and a sleeping bag made from blankets fastened with those large blanket pins will ensure that the sleeper enjoys a comfortable night.

The camp site should be attractive with the protection of trees to the north and east and should be fairly level to allow wheelchairs to be used. A clear flat area for games and sports is essential. I like tent doorways to catch the early morning sunshine, for one of the joys of a camp is to wake up in bed to a warm sun, the song of the birds and the sounds of a camp coming to life.

Food and good camp cooking are very important and this is where a good quartermaster and a first-class cooking team are real treasures. The



The practice cricket match—the ladies' team in to bat

average housewife will very soon be at home in either capacity—it is much easier cooking over an altar or trench fire than one imagines, and great fun, but if calor gas is used you will find it just like cooking on the stove at home. Meals should be attractive, simple and regular with every opportunity to picnic being taken. Remember that wild flowers on the tables give extra pleasure to the most ordinary meal.

Each camper should bring with him (or her) as much of the following kit as he can afford: a sleeping bag, Safari type camp bed, jeans or trews, sweaters, a complete change of clothing, drinking straws and a knife, fork and spoon set. Camp dress should be warm and washable.

Activities at a camp for handicapped depends on the number of helpers who are able to organise them. Exploration whether around the camp site or around the district can be most interesting. It is worthwhile to keep in mind how dangerous country roads can be and so travel in a "crocodile" of wheelchairs and walking handicapped together with helpers where there is no pavement. (*Not after dark please*).

The leader should be well out in front to warn oncoming traffic. A hike through the countryside can be most exciting when one is able to identify leaves, trees, wild flowers, birds and animals. Take a carrier basket on a wheelchair in which one can pop these leaves, etc., which upon return to camp can be used to create a sand garden. Cricket matches, rounders, square or country dancing, archery, netball are some of the games played from wheelchairs. A sports day could have an egg and spoon race or that good old standby of the bucket or bowl on the step of the wheelchair into which go a number of objects picked up off the grass and the winner is the one who finishes the course first with the greatest number of objects. This gives great scope, for some comic objects can be used, but see that they are replaced as the chair returns to the starting line. These are only a few of the many games which can be played. The evening can be devoted to a camp fire sing-song which should include a charade, individual songs or the like, all of which will be entertaining. The kind of activity which gives pleasure is a visit to a local gala or garden fête particularly if it includes a horse show, and application well in advance to the show organisers will result in a much lower admission charge and handicapped people will always be welcomed.

There is a wide variety of interests among our handicapped and it was my privilege to escort a young lady in a wheelchair around the local art gallery. She was carried in the chair up four stone steps into the entrance, into the lift and was then able to stay and do a rough sketch of her favourite picture which she completed back at the camp. If your helpers include members of the Scout and Guide movements you will not only have expert campers but their store of camp games, camp fire songs, together with their know-how on our flora and fauna will furnish hours of pleasure.

It is possible to have a camp film show on a wide number of subjects with films shown free from C.O.I., Rank or Shell, etc., by advance booking. Always have a wet weather programme and a fine weather programme ready.

A camp should be organised to ensure that as much time as possible can be spent in the sunshine and fresh air. The camp doctor and first-aid team will reap the benefit of this policy. Do not try to fill every minute of the day with some activity. Relax and get to know each other better. Use meal times as a social occasion. Insist on a rest hour for all after lunch each day. Let your handicapped members play their part in the daily camp programme of washing-up, preparing

meals, setting or clearing tables, etc. Start early enough to give them plenty of time to complete their chores. Do not let the clock run your camp but ensure that meals are regularised. The success of a camp depends on its organisation and a well run camp will give more free time to all its members. Delegate jobs and let each camper know what his or her job is and let them get on with it.

A good camp leader should look as if he or she has all the time in the world to spare, so keep your fears to yourself and give out a friendly smile and words of encouragement.

Visits to the nearest town cinema or theatre should be carefully arranged in advance with the management and the transport, and this is true with regard to church services too.



H.R.H. Princess Alexandra talking with the writer and a handicapped Scout from Switzerland at an International Camp at Gillwell, Essex

Your handicapped people will want to go into town to do some shopping, so try to get them there early and not too many chairs in each shop at any one time. It will be obvious by now that helpers play a very large part in the organising and success or otherwise of a camp for the handicapped. I cannot pose as an expert camp leader for in the many years I have worked with handicapped camping I know that any success has been due in no small measure to my wonderful helper team who came together year after year from all parts of the country and from their varied occupations and each played his or her part to ensure success. The new members learned from the regulars and we all learned a lot from the courage of our handicapped, whose obvious pleasure in the camp gave us all the reward we wanted. Do give the idea of holding YOUR summer camp a try and I feel sure that you will never regret it.

Good camping!

Being Wise After the Event

This article is the first of a series prepared by the staff of "Developmental Medicine and Child Neurology" on current medical research. Correspondence on specific problems cannot be undertaken but suggestions for subjects which readers would like to see covered would be very welcome.

IT is not considered very clever to be wise after the event, but it is much better than never being wise at all. For, once we have learnt about a past disaster we may be able to prevent it happening again. In cerebral palsy we know that the brain has been permanently damaged—we can help the sufferer but we cannot cure him completely. Our basic research must be into the causes of the damage with the aim of preventing it in the future. The doctors' aim is always to prevent disease—in the words of the old adage, prevention is better than cure. It seems logical too in this, the first of a series of articles, to look at cerebral palsy from the start and try and indicate some of the lines of research which have been opened up by investigations into the cause of the disease from which spastics suffer.

Epidemiology (a rather clumsy word) is one of the sciences which studies the causes of diseases. There are two main methods a research worker in this field can employ. He may make either a *retrospective* or a *prospective* study. Both methods have advantages and disadvantages. In a retrospective study the investigator collects together a number of people with the disease and tries to find out all the factors in their past life which might have a bearing upon the illness they have. For example, he might collect together a large group of people who had measles. The most relevant fact that he would probably discover would be that many patients had been in contact with somebody else who had had measles and this would lead him to deduce that he was dealing with an infectious disease which was spread from one person to another by some micro-organism. In this instance his study would be very simple and straightforward. He would get clear cut information which would be of very obvious application.

With the non-infectious diseases the position is much more difficult. What exactly is one looking for? If you question the survivors in a car accident, it is quite often impossible to find what caused the crash. Not only have you no idea what might have caused the crash—it could be anything from an error on the part of one of the drivers to a mechanical fault in one of the cars, now wrecked—but you will find that the memories of those concerned, even if they were not injured, are often very hazy. This is a very common finding in retrospective surveys. Another problem is that people like to know the cause of things and when there isn't an obvious one they make one up! "I got my rheumatism because I sat in a draught". This kind of remark satisfies the sufferer, but

those of us who sit in draughts and don't get rheumatism know it is not the whole answer.

Questions have to be asked in such a way that the question itself does not suggest an answer. The question "have you been in a draught" suggests the obvious answer, "yes". Some questions may be asked by the investigator which may be quite irrelevant, but he does this to detract attention from those about which he really wants to get an honest reply. Curiously, it was a throw-away question in a survey which led to the discovery of how important cigarettes were in relation to lung cancer. In investigating cerebral palsy, retrospective studies involve looking carefully at the records of the pregnancy, the birth of the child and the early months of the infant's life. Unfortunately, one often finds that although hospital records have a lot of information it is not always precisely what one wants and, again, the mother's memory of her pregnancy and the birth is usually pretty vague. One knows what questions one wants to ask but one cannot get the answers.

In a *prospective* study the situation is the reverse. One can get all the answers one wants, but one does not know which questions to ask. The method here is to keep a careful check on a selected fit population, noting details very carefully, and hope that when one of the people in the group develops some sort of disease we shall be able to say exactly what it is that makes that person different from the other members of the group. If a baby in the survey turns out to have cerebral palsy, which might have started at the mother's first ante-natal visit, we hope we shall know just exactly how its early life differed from that of the normal children. It is pretty clear what the problems are here. We all differ from each other in some ways, but what differences are significant? In order to get a small group of spastics together, one has to be watching literally hundreds of perfectly normal babies. The number of children with any particular condition, which one has collected in the end, may be so small that the information acquired may have little statistical significance.

However, retrospective studies may have given one a clue as to how to carry out prospective studies. For example, when it was suggested that cigarette smoking might cause lung cancer, it was very easy to carry out a prospective study and bear out the retrospective findings. One merely had to collect together a group of heavy smokers and watch and compare them with non-smokers. In a similar way, when we are investigating cerebral palsy, we can pick out certain groups

of babies who merit rather more careful study than the average child. We cannot say yet at the beginning of a mother's pregnancy whether the outcome of that pregnancy is likely to fall into one of the special groups. But we can for instance ask the doctors in charge to make very careful notes of all babies who are born prematurely and then watch these infants oneself and see how they develop. Retrospective studies have shown that premature babies have more likelihood of becoming spastics than mature babies.

There are various groups of workers both in this country and abroad who are doing important epidemiological studies at the moment, but I shall mention only two. Dr. Drillien in Edinburgh is carrying out a careful prospective study of some 600 babies. These include a large number of premature babies who were born in a period between 1953 and 1955, including a high proportion of babies whose weight at birth was very low indeed—4 lbs. or less. The survey also includes a large number of twins, as we know that twins get into more trouble than single babies. In addition, of course, a roughly equal number of mature babies (i.e. babies of average birth weight—about 7 lbs.) have been included, so as to point to the differences between mature and premature babies.

The study has been wide-ranging, including not only the medical factors which might influence the birth, but also the efficiency of the mother, the sort of house in which the babies are being brought up, and so on, so that in time a large amount of information has come out of this study, which is still continuing with the children now at 6 to 7 years old. The most recent report is published in the current number of "Developmental Medicine and Child Neurology" where Dr. Drillien presents further material and draws some interesting conclusions.

For more than 25 years it has been suggested that the important factor causing later defect is damage occurring at or about the time of delivery and as in premature children problems of delivery are commoner than in mature children, this accounted for the increased risk of later abnormalities in premature children. However, careful analysis does not entirely support this view and Dr. Drillien says "the Edinburgh findings lend little support to the view that the complications of pregnancy or delivery can be implicated as major aetiological factors in the development of later mental retardation or gross neurological defect". That means we must look elsewhere for the cause of these defects rather than in difficulties at or about the time of birth. Dr. Drillien's view is supported by her evidence. Twenty-eight of the babies who weighed under $4\frac{1}{2}$ lbs. at birth subsequently developed a handicap, but comparing these with the under $4\frac{1}{2}$ lb. babies who developed normally she found that if anything it was the normal babies who had had the most complicated delivery. One must emphasise that this applies only to the cases of cerebral palsy which occurred in babies of very low birth weight. I shall come on the significance of this result in a moment.

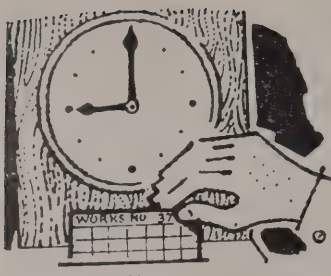
Dr. Alison McDonald works in The Spastics Society's own research laboratories at Guy's Hospital. She has two studies going on; one is a study of the results of the pregnancies of

3,295 normal women. In the 3,179 live and stillborn babies who were born to these mothers (who had all been interviewed at their ante-natal clinic, the majority by Dr. McDonald herself) there were only eight cases of cerebral palsy. This brings out the point I made earlier about the difficulty of prospective studies and the difficulty of obtaining much information about the causes of cerebral palsy from following up a normal population. However, Dr. McDonald has also been investigating a group of 1,128 babies who all weighed not more than 4 lbs. at birth. They had originally been examined by the Medical Research Council to see the effects of giving oxygen to premature babies, and a lot of information about them was available. In a sense then this is half a prospective study and half a retrospective study. From this group (which you will note is about a third of the size of the normal population she studied), 71 cases of cerebral palsy were collected and so it is possible to collect some useful information about spastics. So far the work remains in a preliminary stage and details are not yet published. It looks as if Dr. McDonald will be confirming Dr. Drillien's findings that, for the premature babies, difficulties during birth itself are not the most important factors in the cause of cerebral palsy.

What do these results mean in terms of prevention of cerebral palsy? As you see, they suggest that it is not only what goes wrong at birth that leads to cerebral palsy, but something to do with prematurity itself. Do we know enough about the causes of prematurity to do anything about prevention? The answer at the moment must really be *no*. But there are a number of promising lines of investigation which are being followed up. Various people, for instance, have suggested that very minor infections which would not produce any obvious symptoms or distress in the mother might be the cause of the baby being born prematurely. Another suggestion, which has come from Finland, is that the mothers of premature babies are not as physically fit as the mothers of mature babies and they tend to have rather small hearts which are not very good at taking on the extra work involved in bearing a child. The Finns claim to have reduced the incidence of prematurity quite considerably by resting mothers who seem to have rather small hearts. Then again it is possible that premature babies are basically different from ordinary babies, and we need to study the characteristics of premature babies themselves very carefully.

You may notice that in this article I have concentrated to a large extent on the methods by which these types of investigation are carried out, rather than the results. You might feel therefore that I have been giving you the milk without the cream. There are, however, good reasons. Cerebral palsy is not a simple disease like measles and we have to approach it in a rather different way. I hope that my account has indicated some of the very great difficulties which surround this sort of work and which make research workers very loath to make vague generalisations which may lead to false hopes being aroused. False hope is in the long run worse than having no hope at all. Let us be really wise after the event before we start being wise before it.

★ ★ ★ ★



News of interest from the Employment front includes the following items:

Norma Briggs, from **Sheffield**, is working as a clerk for one of the leading local stores.

David Edwards, from **Dorchester**, has been employed temporarily over the Christmas period by the local Post Office.

Bernard Fitzpatrick, from **Cornwall**, following his training at Sherrards is working as a general assistant in a firm of furniture assemblers in Surrey.

Doreen Harvey, from **Birmingham**, has been employed for some months in a local factory.

Alan Montgomery, from **Exeter**, is working for a trial period with a firm in Newton Abbott.

Gregory Phillips, from **Stevenage**, is employed as a Tickopres operator in Letchworth, following his training at Dovercourt.

The following news has been received recently from people either commencing employment, or changing their jobs:

Ann Bentley, from **Airedale**, is working as a Tickopres operator in a tailoring factory in Leeds, after her training at the William Turner Centre, Stockport.

Alan Brookes, from **Stoke-on-Trent**, who left the Thomas de la Rue school at Christmas is employed as a short-hand-typist in a local solicitors' office.

Cyril Carabine, from **Seaham**, is working as a machine operator following his recent training with Messrs. Joseph Lucas in Birmingham.

Bernard Illingworth, from **Basildon**, is doing light factory work whilst awaiting admission to St. Loyes College, Exeter.

Barry Joy, from **Hertford Heath**, has obtained work in a local self-service grocery stores.

Maureen Moore, from **Twickenham**, has changed her job and is working for a trial period in the packing department of a plastic toy manufacturers in Twickenham.

Derek Parker, from **Birmingham**, is employed by Remploy.

Melvin Reuben, from **South Woodford**, is doing programming work for an electrical organisation in London

Richard Sills, from **Boston**, is working locally as an apprentice hairdresser.

Peter Ward, from **Ipswich**, is employed in the postal department of a local firm.

Barbara Westwood, from **Broadstairs**, following her training at the William Turner Centre, Stockport, is working as an addressograph operator for a firm in Sandwich.

The following new Jewellery makers have joined the Homeworkers Scheme:

Sharon Bright, John Brignell, John Burch, Kay Crane, Jean Ford, John Gatt, Pat Goldsmith, Mr. R. G. Hawkins, Patricia Jackson, Timothy James, Clifford Lewis, John Macintyre, Gillian Murphy, Brian Murrell, Rose Neighbour, Peggy Newell, Michael John Norman, Astrid Orborne, Maurice Payne, David Pick, Mrs. V. Sayers, Jose Smee, Barrie Tickell, David White, William Callingham-Woods.

HOLIDAY CARAVAN AT MANSFIELD

The Mansfield & District Friends of Spastics Group purchased in 1962 a Bluebird 6-berth luxury holiday trailer, which has been based at Roman Bank, Skegness, and which the wife of the President (Mrs. A. H. Whiteley) will officially open on Saturday, April 20, 1963. It is intended for Group members and their families, and should mean many happy hours of sea air.

This project has been made possible chiefly by the generosity of several local organisations and individuals. Outstanding among these are the Sutton & District Spastics Darts League—Men's Section and Women's Section. These two groups are responsible for a regular annual donation to the Group of upwards of £200.

'HELPING HAND' WHEEL CHAIR

Takes up little more space than an ordinary chair.
Self-propelled by hand or foot.
Invaluable in physiotherapy, encourages independence.
Arm and foot rests, etc., retractable for easy entry, foot rest folds back to allow foot propulsion.
Powerful wheel brakes.
Available for self-propulsion, one-limbed persons.
Deferred terms available.

Suitable adults or children.

*Tubular steel construction stove enamelled with well-padded Vy-nide upholstery.
Table attachment to order.*



**Designed and Made by Production Facilities Ltd.
L. N. PATENTS CO.**

**EMPIRE WORKS, CORNGREAVES ROAD
CRADLEY HEATH, STAFFS**

That Was A Night That Was!

ON Saturday, January 19, in spite of a blizzard and a howling wind, nearly a hundred members of the '62 Club turned up for a most exciting evening—a film preview of *RIGHT FOR THE JOB* to which all the spastics who had taken part in the making of the film had been invited as guests and also to join in a celebratory New Year Party.

For the first time the entire catering operation was undertaken by members only, very ably led by Miss Marianne Robinson, Honorary Treasurer. At one time we began to wonder whether there would be enough food to go round because more people turned up than had been expected, but in spite of large appetites increased, no doubt, by the intense cold, supplies just about lasted.

*Tony Ellis, star of
RIGHT FOR THE
JOB chats with the
Hon. Secretary, Miss
Pamela Metherall*



Speeches during the course of the evening were made by Peter West, Chairman of the '62 Club, and a vote of thanks was given by Tony Ellis, the star of the film, who congratulated the Club for organising such a wonderful party and said he wished to become a member.

Everyone enjoyed themselves and the President had great difficulty in persuading Club members and friends to disperse a little earlier because of the inclement weather.

W. M. C. HARGREAVES.

A Day at a Local Centre

by Shirley Keene



Shirley in the wig

I VISITED Bournemouth Centre on the day of the dress rehearsal. Seasonal colds had taken toll of a few of the 28 spastics on the roll, but there were still plenty of them to join in morning prayers, and the lusty singing which followed. The tinies of the special class had already hustled off to the playroom, having been divested of the outer layers of woollies which made them all identical shapes.

This was my first visit to the present Bournemouth Centre though I had only known the first play centre in other, much smaller, premises. The centre now is many stages further ahead, with its assembly hall, two classrooms, playroom and therapy rooms, even two little rooms for private tuition.

It was a cold day, and I wore my wig hat, platinum in colour, devastating in appearance, and it keeps my ears warm into the bargain. After assembly I wandered, peeked into the senior classroom, went into one of the little rooms and met the boy who, at 11, has suddenly won a "double" (finding his feet and recognising letters for the first time) and then walked in on Barbara's physio session. I'm afraid I disrupted it rather. Barbara is nearly 16 and helps a great deal with

the younger children. We chatted about make-up and hair-do's and we tried my wig on her. As aforementioned, the effect was devastating—far too gorgeous to be kept to ourselves.

Mrs. Hodge, the physio, draped her in my coat—strange to the children—and, with a flourish, her arrival was announced in the classroom. "Children, you have a visitor. This lady has come all the way from Scotland to see you." The older pupils recognised Barbara and promptly had fits of the giggles. The little ones gazed with solemn mystification at the vaguely familiar stranger. They looked quite worried so it was explained: "It's Barbara. She's wearing a wig".

We went back to the physio room (after all, she was supposed to be having her treatment) but there was a further interruption. In came the speech therapist with young Alan. He is devoted to Barbara, was much distressed by her disguise, and quite unable to concentrate on his speech therapy. He flung himself upon her and felt her face and head carefully. She hugged him and soothed him and, reassured, he trotted back to the "speech" room.

In the senior classroom, I had a chance to talk to Ann who, at 19, is the centre's oldest pupil, and read some of her poems. I couldn't talk to Stephen; he was far too busy finishing the back-drops for the puppet show, painting away industriously with a brush strapped to his boot.

After lunch came the dress rehearsal and, oh dear, it was chaotic! There were two puppet plays in production, "Goldilocks" and "The Billy Goats Gruff". Baby Bear's voice entirely disappeared from acute stage fright, Goldilocks came over in a series of small squeaks, and the arm which supported Father Bear, and had soared proudly above the edge of the stage the day before, refused to function at all. Little Billy Goat Gruff forgot his lines and the Wicked Troll was away with a cold.

But, as all devotees to the theatre know, the worse the dress rehearsal, the better the performance.

I bet it was sensational!

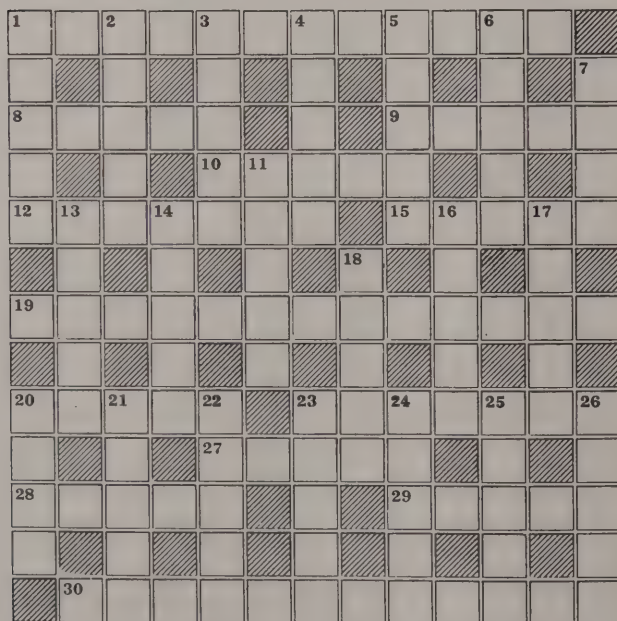
OVALTINE

the right hot drink to round off the day



P134B

CROSSWORD PUZZLE No. 34



ACROSS

1. The implement infers hatters come first. 8, 4,
8. Their shares are reputed best, 5,

9. Ten past ten in the morning—it's self evident. 5.
10. Food for idle classicists maybe. 5.
12. O.T. book of band parts? 7.
15. To him a part is the whole. 5.
19. A full house the 15 enjoys more than a poker player. 8, 5.
20. The instrument needs some care because it is ancient. 5.
23. "Three poets, in three . . . ages born, Greece, Italy, and England did adorn." Dryden. 7.
27. The subject of prohibition. 5.
28. The New Zealander and I wander back. 5.
29. The Spanish obeisance in a joint. 5.
30. He pipes the venom out of strikers so to speak. 12.

DOWN

1. A stop in Panama. 5.
2. Witchcraft? 5.
3. Material follows the car in Cumberland. 5.
4. First signs of dissension. 5.
5. Capital on the Roof! 5.
6. Horsecloth? 5.
7. Potentate reflected in a side mirror. 4.
11. "Nor sequent centuries could hit . . . and sum of Shakespeare's wit." R. W. Emerson. 5.
13. The wont of agues. 5.
14. The mark of a fiery horse? 5.
16. Trace of a literary insertion. 5.
17. Her dream was so musical. 5.
18. "Life is too short to waste In critic peep or . . . bark, R. W. Emerson. 5.
20. Cool overthrow of 7. 4.
21. Finally it has to admit to being a colour. 5.
22. He may prove a flaw in the armour of Communism! 5.
23. Classic architectural style. 5.
24. Lady of degree Solomon approved of. 5.
25. The book is almost all egg white. 5.
26. The structure might be taken for a breakdown van. 5.

REVUE

The Irving Club of King Alfred's College, Winchester (a Teacher's Training College), will be presenting a revue entitled "A SHOT IN THE DARK" at the College on Thursday, Friday and Saturday the 7th, 8th and 9th of March.

Admission to the production is by free ticket, bookable in advance only. A silver collection will be taken in aid of the new WINCHESTER AND DISTRICT SPASTICS GROUP. Enquiries, bookings or donations should be addressed to Mr. B. Jefferson, the Business Manager, at King Alfred's College, Winchester.

THE BACCHOLIAN SINGERS

Those of you who read about the Singers' 1962 record-breaking tour in aid of spastic children will be interested to learn that plans for the 1963 tour of Cornwall, Devon and Somerset in the second two weeks in August are now well under way. Audiences in other parts of the country will soon have the chance of hearing this young Group at a special series of concerts. The first of these is at the Whitfield Hall, Bromley, Kent, on March 27, at 7.30 p.m., in aid of the West Kent Spastics Society, when the Singers will be joined by Simon Preston and the Quernmore School Boys' Choir.

Tickets, price 10s., 7s. 6d., 5s. and 3s., are obtainable from Robert Morley of Bromley, or at the door.

Outside Orders for Local Groups Centres

Would the Supervisors of Local Group Centres please write to the SPASTICS NEWS if they are able to undertake one-off or short-run special orders for making articles, in any category? A directory of these centres will be published in due course, and we would be glad to have as many replies as possible by March 25. Please will you describe the articles you can make on order fairly closely—i.e. not just "calendars", or "stools"—and please give prices.

WANTED

Used patient lifter in good condition at reasonable cost, with equipment strong enough for adult use, wanted by the York and District Spastics Group, 194 Stockton Lane, York.

COLWYN BAY

Coed Emrys Private Hotel

A small private hotel beautifully situated in its own grounds on high elevation 7 minutes from the sea and 3 minutes from the town centre. Accommodation available for spastics and their families April-June and September-November. Good food and every consideration. Terms from 7 guineas per week. Downstairs bedrooms for severely handicapped spastics. Phone: Colwyn Bay 3292. Manageress: Miss R. M. Osborne.

OX ROASTING SERVICE

Mr. R. A. Weller, of the firm Olde English Ox Roasting, has very kindly offered the services of himself and his staff free of charge at any fête or open-air occasion to be held on Saturdays or Sundays in aid of spastics, within a 40-mile radius of Oxford (this includes the London area). The organisers of the fête supply the ox or pig, and if they write to Mr. Weller he will tell them how to set about this in the most economical way. Whit Monday and August Monday are already booked—and three months' notice is required. So book now, to Mr. R. A. Weller, 32 Bayworth, Nr. Abingdon, Berks.



**PARTY
PUSS**



Between October 1 and April 30 of any year, Mr. Al Stevens, the famous TV and radio cat with the wonderful voice, has offered to entertain "any large amount of spastic children" anywhere in England or Wales. Any fee he would normally charge can be accepted, says Mr. Stevens, "towards the work you all do." He is used to entertaining spastic children, and has appeared with Alma Cogan at an N.S.S. party in Shaftesbury Avenue which was televised.

Solution to February Crossword

ACROSS	11. Average	21. Rhetoric	Down	5. Opulent	15. Hooting
4. Whopper	12. Rubicon	22. Siesta	1. Perjured	6. Private	16. Raiment
8. Emanate	13. Dithers	23. Cuisines	2. Zanzibar	7. Regrets	18. Apiary
9. Louing	17. Daring	24. Oracle	3. Barbican	14. Iberian	19. Insect
10. Jezebel		25. Sandgate	4. Welland		20. Graces

BILLIARDS AND SNOOKER EXHIBITIONS

MARCH

	Players
1st Totton Recreation Club, Southampton.	J. Gardner and J. Rea.
2nd Railway Hotel, Woking, Surrey	J. Gardner and J. Rea.
4th Naval and Military Club, Ysgol St., Swansea.	J. Rea.
5th Baldwins and Elba Club, Port Tennant, Swansea.	J. Gardner and J. Rea.
6th Wyndham Cons. Club, Harbour Rd., Barry, Glam.	J. Gardner and J. Rea.
7th Nantyglo Workmen's Club, Nantyglo, Mon.	J. Gardner and J. Rea.
8th Bridgend Cons. Club, Bridgend, Glam.	J. Gardner and J. Rea.
11th Manchester Wheelers Club, South King St., Manchester.	J. Rea.
12th Besses o the Barn Club, Whitefield, nr. Manchester	J. Rea.
13th Chadderton Reform Club, Chadderton, nr. Oldham.	J. Rea.
14th Failsworth British Legion Club, Failsworth nr. Manchester.	J. Rea.
15th Garston Woodcutters Club, Chesterton St., Liverpool.	J. Rea.
18th Shafton Greenside Club, Shafton, nr. Barnsley.	J. Rea.
19th Ferranti's Social Club, Hollinwood Av., Oldham.	J. Rea.
20th Cleckheaton Moorsend Club, Cleckheaton, Yorks.	J. Rea.
21st Central United Club, Shield Terr., Hartlepool, Co. Durham.	J. Rea.
22nd Consett Reading Rooms, Consett, Co. Durham.	J. Rea.
25th White Bear Hotel, Ruislip, Middlesex.	J. Gardner and J. Rea.
26th Romsey Cons. Club, Market Place, Romsey, Hants.	J. Gardner and J. Rea.
27th Conservative Club, Shepton Mallet, Somerset.	J. Gardner and J. Rea.
29th British Legion Club, Rormsbury, Marlborough, Wilts.	J. Gardner and J. Rea.

LETTERS TO THE EDITOR

Christmas Cards

Dear Editor,

Spastics Cards Limited, on behalf of the Spastics Society, would like to thank everyone who purchased cards in aid of Spastics last year.

Christmas Card sales for 1962 topped the 2½ million mark for the first time. The total turnover almost doubled that of 1961, due to the great quantities of more expensive Modern and Old Master cards—350,000 in all—which were sold.

Turnover—1961/62: £30,000

—1962/63: £57,000

Plans are already in hand for 1963 and it is hoped that everyone will give their support once more.

JOHN KELLETT,

Assistant Appeals Secretary.

Dear Editor,

Members of the Drama and Social Club at Park Crescent would like to send warm thanks to "Monty Berman Ltd.", Theatrical and Film Costumiers, 18 Irving Street, London, W.C.2. They have helped us a great deal with our cabarets by loaning us costumes, free of charge, and we appreciate the help given to us by Miss Diane who is always willing to help the "Girls of the Chorus" by her suggestions, and for the help and kindness we receive from Arthur and the others who help us on these occasions with the costumes.

JOYCE ROBINSON,

Drama Club.



The Vice-Chairman of the Society chats with a few old friends at a recent ball at Park Crescent. Left to right: Mr. Allman, Assistant Employment Officer; Mr. Moira; Mr. Hargreaves, Industrial Liaison Officer, and Mrs. Hargreaves

DORMOBILE FOR SALE

Bedford 1958 Dormobile 10-seater for sale, good condition, regular servicing. Any Spastics Society or Group wanting it can have it cheap. Apply: Mrs. E. Dixon, Hon. Sec., Crewe and District Spastics Society, 149 Richmond Road, Crewe, Cheshire.

"WESTWAYS" HOLIDAY HOME FOR SPASTICS

Cumberland and Westmorland and Furness Spastics Society. Allonby, Cumberland

Only 80 yards from
the sea shore

Unrestricted views of
Scottish Mountains

Brochure on request to
The Warden,
or phone Allonby 55

H. & C. all Bedrooms
includes
Ground Floor Bedrooms

Open all year round

All spastics to be
accompanied by an
adult attendant



Situated on Solway Firth
12 miles unspoiled
coastline

Unparalleled Bracing
Sea Breeze

Nearest Railway Station
—Maryport

Main Line—Carlisle, 23
miles. Bus Route via
Silloth or Maryport

Tariff:

Adults £5/5/0 per week

Children up to 15 years
£2/10/0 per week

Two weeks free holiday to all Spastics living in Cumberland, Westmorland and Furness area

Block Booking, by Groups, out of season at special rates

AFFILIATED GROUPS and Local Centres of The Spastics Society

Eastern Region

Boston District Branch
 Chesterfield and District Spastics Society **TC**
 Derby and District Branch **T**
 Grantham & District Friends of Spastics
 Grimsby, Cleethorpes and District Friends
 of Spastics Society
 Ipswich and East Suffolk Spastics Soc. **W**
 Leicester and Leicestershire Spastics
 Society **TC**
 Lincoln Branch
 Mansfield and District Friends of Spastics
 Group **O**
 Newark and District Friends of Spastics
 Group
 Norfolk and Norwich Spastic Assoc.
 Northampton and County Spastics Society
TE
 Nottingham and District Friends of
 Spastics Group **TEC**
 Peterborough and District Spastics Group
O
 Scunthorpe and District Spastic Society
 Stamford and District Branch
 (Regional Officer: H. G. Knight, 28
 Priestgate, Peterborough, Northants.
 Tel: 67045)

Midland Region

Cannock Chase Spastic Association
 Coventry and District Spastics Society **R**
 Dudley and District Spastic Group **T**
 North Staffordshire Spastic Association **T**
 Shrewsbury and District Spastics Group
 Stafford and District Spastic Association
 Worcester and District Branch
 (Officer to be appointed)

North-Eastern Region

Barnsley and District Association **C**
 Bradford and District Branch
 Castleford and District Spastics
 Committee
 Darlington and District Spastics Soc. **H**
 Dewsbury and District Spastics Society
 Goole and District Spastics Association
 Halifax and District Spastic Group **W**
 Huddersfield and District Spastics Soc.
 Hull Group, The Friends of Spastics
 Society in Hull and District **H**
 Leeds and District Spastics Society **O**
 Pontefract and District Spastics
 Association
 Rawmarsh and Parkgate Spastics Society
 Sheffield and District Spastics Soc. **TEOC**
 South Shields and District Spastics
 Society **C**
 Sunderland and District Spastics Society
 Tees-side Parents and Friends of Spastics
TE
 York and District Spastics Group **TC**
 (Reg. Off: R. J. F. Whyte, Royal
 Chambers, Station Parade, Harrogate.
 Tel: 69655)

North-Western Region

Barrow-in-Furness and District Spastic
 and Handicapped Children's Society **C**
 Birkenhead Spastic Children's Soc. **TEC**
 Blackburn and District Spastics Group
 Blackpool and Fylde Spastic Group **CW**
 Bolton and District Group **TE**
 Burnley Area and Rossendale Spastics
 Group
 Chester and District Spastic Assoc.
 Crewe and District Spastics Society **TO**
 Crosby and District Spastics Society

Cumberland, Westmorland and Furness
 Spastics Society **H**
 Lancaster, Morecambe and District
 Spastics Society
 Manchester and District Spastics Soc. **TC**
 Oldham & District Spastics Society **CT**
 Preston and District Spastic Group **CT**
 Sale, Altrincham and District Spastics
 Society **RTEC**
 Southport, Formby and District Spastics
 Society
 Stockport, East Cheshire and High Peak
 Spastics Society **TOC**
 Urmston and District Group **TC**
 Warrington Group for the Welfare of
 Spastics
 Widnes Spastics Fellowship Group
 (Reg. Off: T. H. Keighley, 20 Brazen-
 nose Street, Manchester.
 Tel: Blackfriars 6130)

Northern Home Counties Region

Bedford and District **TOW**
 Bishop's Stortford and District Group,
 Herts Spastics Society
 Central Middlesex Spastics Welfare
 Society **W**
 Clacton and District Group
 Colchester and District Group
 East Herts Group, Herts Spastics Society **H**
 East London Spastic Society **TO**
 Epping Forest and District Branch
 Essex Group
 Harlow and District Branch
 Hatfield and District Group, Herts
 Spastics Society
 Hemel Hempstead and District Group,
 Herts Spastics Society
 Hitchin and District Friends of Spastics
 Herts Spastics Society
 Ilford, Romford and District Spastics
 Association **O**
 Luton, Dunstable and District Spastics
 Group **T**
 Maidenhead Friends of Spastics Group
 North London Area Association of Parents
 and Friends of Spastics **T**
 North-West London Group **O**
 Oxfordshire Spastics Welfare Society **TC**
 Reading and District Spastics Welfare
 Society
 Slough and District Spastics Welfare
 Society
 Southend-on-Sea and District Spastics
 Society **O**
 South-West Middlesex Group **T**
 St. Albans and District Group, Herts
 Spastics Society **T**
 Walthamstow and District Spastics Society
 Watford and District Group, Herts
 Spastic Society **TC**
 Welwyn Garden City and District Group,
 Herts Spastics Society
 Wycombe and District Spastics Society **T**
 (Reg. Off: R. G. Lemarie, 524 St.
 Alban's Road, North Watford. Tel:
 41565)

South-Eastern Region

Bournemouth, Poole and District Spastics
 Society **CTE**
 Brighton, Hove and District Branch **TOC**
 Central Surrey Group
 Croydon and District Branch **TEWC**
 East Sussex Group **TC**
 Folkestone and District Branch **H**
 Isle of Wight Group **TE**
 Maidstone Area Spastic Group **OT**
 Medway Towns Branch
 North Hants and West Surrey Group **TEC**
 North Surrey Group **W**
 North-West Kent Spastics Group **W**
 North-West Surrey Group **TEC**
 Portsmouth and District Spastics Society
W
 Southampton and District Spastics
 Association **TOWC**
 South-East London Group **T**
 South-East Surrey Spastics Group
 (Redhill) **TO**
 South London Group
 South-West London and District Group
 South-West Surrey Group **T**
 Thanet Group
 Tunbridge Wells, Tonbridge and Area
 Group
 West Kent Spastics Society, Incorporating
 Bromley and District Spastics Group **W**
 (Reg. Off: H. J. I. Cunningham, 55
 London Road, Horsham, Sussex.
 Tel: 60100)

Welsh Region (including Mon.)

Cardiff and District Spastic Assoc. **TC**
 Colwyn Bay and District Spastics Society
 Conway and District Branch
 Flint Borough Spastics Association
 Kenfig Hill and District Spastics Soc. **CT**
 Merthyr Tydfil and District Spastics Soc.
 Montgomeryshire Spastics Society
 Pontypridd and District Group
 Swansea and District Spastics Association
CW
 (Reg. Off: B. Kingsley-Davies, 2
 Saunders Road, Cardiff.
 Tel.: 29289)

Western Region

Bath and District Spastics Society
 Bridgwater and District Friends of
 Spastics Association **T**
 Bristol Spastics Association **CTOW**
 Cheltenham Spastic Aid Association **ET**
 Cornish Spastics Society
 Exeter and Torbay Spastics Society
 Plymouth Spastic (CP) Assoc. **COETW**
 Swindon and District Spastic Society
 Yeovil and District Spastics Welfare
 Society
 (Reg. O: Mrs. A. Mansel-Dyer, St.
 John House, Park Street, Taunton,
 Somerset. Tel: 81678)
 Jersey Spastic Society

Chief Regional Officer:

(A. M. Frank, M.C., M.A., 12 Park
 Cresc., London, W.1.)

Local Projects Secretary:

(D. Lancaster-Gaye, 12 Park Cresc.,
 London, W.1.)

Key:

T—Treatment Available
E—Education
O—Occupational Centre
W—Work Centre
H—Holiday Home
C—Child Care
R—Residential Centre

